U.S. DEPARTMENT OF HOMELAND SECURITY

FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1–9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

					TION	FOR	INSURANCE	COMPANY USE		
A1.	Building Owner's Name The Housing Authority o	f the C	ity of Wavela	nd		Polic	y Number:			
A2.	302 Herliny Street	or Bldg			No.					
	^{City} Waveland		Sta	ate MS		ZIP C	ode 39576	3		
A3.	Property Description (Lot and Block Numbers, Tax Parce Part of Tax Parcel #162H-0-03-018.00 (building	el Numbe 2)	er, Legal Descript	ion, etc.)						
	Latitude/Longitude: Lat. 30d17'13 4"	Long	89d22'44.3"		Horizonta	al Datu	m. □NAD	1927 NAD 1983		
A6.	Attach at least 2 photographs of the building if the Cer	tificate is	being used to o	btain flood	insurance.	ar Butu		1921 MIND 1903		
				A9 For a	a huilding with an	attacho	ad darado:			
	 a) Square footage of crawlspace or enclosure(s) 		sq ft		7700		0 0	na sq ft		
	or enclosure(s) within 1.0 foot above adjacent grade									
	c) Total net area of flood openings in A8.b		sq in							
							s? ☐ Yes	s 🛛 No		
D4	SECTION B - FLOO	D INSU			RM) INFORMAT	ION				
BI.	City of Waveland 285262		B2. County Nar Hancock	ne			11			
B4.	Map/Panel Number B5. Suffix B6. FIRM Index	Date			B8. Flood Zone	e(s) [B9. Base Flo	od Elevation(s) (Zone		
	28045C0342 D 10/16/200	09			AE		AO, use t	18		
B10.				ntered in Ite	em B9:					
		1200 (720 - 1 7)	A 1 AND SER	VD 1000	Othor/Sour		-	· · · · · · · · · · · · · · · · · · ·		
	- Sav. 10						Yes 🗖 No)		
	Designation Date:/ CBR	s I	The state of the s		,	_				
	SECTION C – BUILDIN	G ELEV	ATION INFOR	MATION (SURVEY REQU	IRED)				
C1.	Building elevations are based on: Construction *A new Elevation Certificate will be required when const	Drawing:	s* Build	ing Under (Construction*	⊠ Fi	nished Cons	truction		
C2.	Elevations - Zones A1-A30, AE, AH, A (with BFE), VE. V1	–V30. V	(with BFE), AR, A	R/A.AR/AF	AR/A1-A30 AR/	ΆΗ ΔΒ	Z/AO Comple	ata Itame		
	C2.a–n below according to the building diagram specifie	d in Item	A7. In Puerto Ri	co only, ent	er meters.	7111, 7111	/ Ao. Compic	ote items		
		1				1100 J. L. Lagor				
	Indicate elevation datum used for the elevations in item Datum used for building elevations must be the same a	s a) throi s that us	ugh h) below. ed for the BFE.	NGVD 192	29 🛛 NAVD 1988	0	ther/Source:			
				19 80	V	- 10		•		
		or endo.	sure 11001)	na .	A CONTRACTOR OF THE PARTY OF TH	10,000				
(c) Bottom of the lowest horizontal structural member (V	Zones o	nly)	na .	10000000000					
			3 	<u>na</u>	fee	et 🗀	meters			
•	 Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Commen 	the builts)	ding	<u>19</u> . <u>10</u>	X fee	et 🗀] meters			
) Lowest adjacent (finished) grade next to building (LAG	i)	-	<u>18</u> . <u>60</u>	⊠ fee	et 🗀] meters			
			·	<u>19</u> . <u>50</u>	I fee	et 🗀] meters			
ř	 Lowest adjacent grade at lowest elevation of deck or structural support 	stairs, ir	cluding	<u>na</u>	fee	et 🗆	meters			
	SECTION D. SUDVE	State MS								
his ce	Limiting Street Address (including Act, Unit, Suite, and/or Bidg. No.) or 80. Route and Box No. Concerny MAC Number: 302 Horiffly Street State MS									
ntorma	Part of Tax Parcel #162H-0-03-018.00 (building 2) Building Use (p.g., Residential, Nahes) Analysis (p.g., Residential) Analysis (p.g., Residential, Nahes) Analysis (p.g., Residential) Ana									
Che	State MS									
					lumber		1 7	PLACE !		
Title Profe	Maching Mach									
Addres	S	City						CO CHANGE		
		Date	2040	Telephone			- 33,00	F MISSISSISSISSISSISSISSISSISSISSISSISSISS		
	1 cm U.	04/29/2	2010	(228)38	ช- 1950		-33	-0188888888		

ELEVATION CERTIFICATE, page 2						
IMPORTANT: In these spaces, copy the co				FOR II	NSURANCE	COMPANY USE
Building Street Address (including Apt., Uni 302 Herlihy Street		ute and Box No.		Policy I	Number:	
City Waveland	State MS	ZIP Code 39576		Compa	ny NAIC Nur	mber:
SECTION D -	- SURVEYOR, ENGINEER, OR	ARCHITECT CE	RTIFICATION	(CONTIN	UED)	
Copy both sides of this Elevation Certificate	e for (1) community official, (2) insur	ance agent/comp	any, and (3) buil	ding owner.		
Comments C2a = slab elevation. C2e=	air conditioner pad. C2f and g=	existing grades				
	1	3 3				
Signature Yaul a. 1		Date 04/29/2	016			
SECTION E - BUILDING ELEVAT	ON INFORMATION (SURVEY I	NOT REQUIRED) FOR ZONE	AO AND 2	ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete For Items E1–E4, use natural grade, if available	e Items E1–E5. If the Certificate is in able. Check the measurement used	ntended to suppor . In Puerto Rico on	t a LOMA or LOM ly, enter meters	MR-F reques	st, complet	e Sections A, B,and C.
E1. Provide elevation information for the follograde (HAG) and the lowest adjacent grade	lowing and check the appropriate boade (LAG).	exes to show whet	ner the elevation	n is above o	or below th	e highest adjacent
a) Top of bottom floor (including baseme	,		☐ feet ☐ m	neters 🔲	above or	below the HAG.
b) Top of bottom floor (including baseme			☐ feet ☐ m			below the LAG.
E2. For Building Diagrams 6–9 with permanent	ent flood openings provided in Secti	on A Items 8 and/	or 9 (see pages	8–9 of Ins	tructions),	
the next higher floor (elevation C2.b in t	he diagrams) of the building is		☐ feet ☐ m	neters 🔲	above or	below the HAG.
E3. Attached garage (top of slab) is	-		☐ feet ☐ m	neters 🔲	above or	below the HAG.
E4. Top of platform of machinery and/or equ			☐ feet ☐ m			\square below the HAG.
E5. Zone AO only: If no flood depth number ordinance? ☐ Yes ☐ No ☐ Unknown	is available, is the top of the bottom wn. The local official must certify th	n floor elevated in is information in S	accordance with ection G.	the comm	unity's floo	dplain management
	PROPERTY OWNER (OR OWN		Market Market Market Annual Control			
The property owner or owner's authorized re Zone AO must sign here. The statements in	presentative who completes Section Sections A, B, and E are correct to	ns A, B, and E for 2 the best of my kno	Zone A (without owledge.	a FEMA-iss	ued or con	nmunity-issued BFE) or
Property Owner or Owner's Authorized Repre	sentative's Name					
Address		City	7	State	ZIP Co	ode
Signature		Date		Telephone		
Comments						
					. 🔲 Check	here if attachments.
1	SECTION G - COMMUNITY I	NFORMATION	(OPTIONAL)			**************************************
The local official who is authorized by law or of G of this Elevation Certificate. Complete the a	ordinance to administer the communicapplicable item(s) and sign below. Ch	ty's floodplain man	agement ordinar	nce can com	nplete Sect	ions A, B, C (or E), and
G1. ☐ The information in Section C was t	aken from other documentation tha	nt has been signed	d and sealed by	a licensed	surveyor	engineer or architect
who is authorized by law to certify	elevation information. (Indicate the	source and date	of the elevation	data in the	e Commen	ts area below.)
G2. ☐ A community official completed Sec G3. ☐ The following information (Items G-					ed BFE) or	Zone AO.
G4. Permit Number	G5. Date Permit Issued	G6. [Date Certificate	Of Complia	nce/Occup	ancy Issued
G7. This permit has been issued for:	New Construction	al Improvement			- Alleria	
G8. Elevation of as-built lowest floor (include	ing basement) of the building:		☐ feet ☐ me	eters Dat	tum	
G9. BFE or (in Zone AO) depth of flooding a	t the building site:		☐ feet ☐ me	eters Dat	tum	
G10.Community's design flood elevation:	S	•	☐ feet ☐ me	eters Dat	tum	
Local Official's Name		Title				
Community Name		Telephone				
Signature		Date				
Comments						//X
			KO SALA GERMINI AND GRADE			
					_	
		·			☐ Check	here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt. 302 Herlihy Street	Unit, Suite, and/or Bldg. No.) or PO. Route and Box No.	Policy Number:
City Waveland	State ZIP Code MS 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW 04/29/2016



BUILDING PHOTOGRAPHS

Continuation Page

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., U 302 Herlihy Street	nit, Suite, and/or Bldg. No.) or P.O.	. Route and Box No.	Policy Number:
City Waveland	State MS	ZIP Code 39576	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

REAR VIEW 04/29/2016



Replaces all previous editions.

U.S. DEPAR MENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

ELEVATION CERTIFICATE

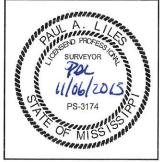
IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

			SECTION A	- PROPER	TY INFOR	MATI	ON F	OR INSURA	NCE COMPANY USE	
A1.	Building Owner's Nar	^{ne} The Housi	ng Authority of the C	ity of Wav	eland	The second second	Po	olicy Number	:	
A2.	302 Herlihy S	ess (including Apt Street	., Unit, Suite, and/or Bldg	(. No.) or P.O.				ompany NAIC		
	^{City} Waveland				State MS	3	ZIF	Code 39	576	
АЗ.	Property Description Part of Tax Parce		umbers, Tax Parcel Numb 18.00 (building 2)	er, Legal Des	cription, etc	:.)				
			esidential, Addition, Acces							
	Latitude/Longitude:		Lon building if the Certificate i	0		ood ins	Horizontal Da surance	itum: LN	IAD 1927 ▼ NAD 1983	3
	Building Diagram Nur		_	o vonig dood	to obtain in	ood III.	saranoo.			
A8.	For a building with a			3			ouilding with an attac	0 0		
	a) Square footage ofb) Number of perma			<u>a</u> s	o		uare footage of attac			
	or enclosure(s) w	ithin 1.0 foot abo	ve adjacent grade			wit (d	mber of permanent i hin 1.0 foot above a	djacent gra	ngs in the attached garage ide <u>na</u>	à
	c) Total net area of f	,	ream	as	q in	c) Tot	al net area of flood o	openings in		1
	d) Engineered flood	openings?	Yes 🛛 No			d) En	gineered flood openi	ings?	Yes 🛛 No	
			TION B – FLOOD INSU	JRANCE R	ATE MAP	(FIRN	(I) INFORMATION			
B1.	NFIP Community Nam City of Waveland 2		lumber	B2. County Hancock					B3. State Ms	1000
B4.	Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM I	Panel Effecti	ive/	B8. Flood Zone(s)		Flood Elevation(s) (Zone	
	28045C0342	D	10/16/2009	The second second second second	d Date 16/2009		AE	AO, u	use base flood depth) 18	
B10			Elevation (BFE) data or ba	ase flood dep	oth entered	in Item	n B9:			
	☐ FIS Profile ☐ FI	B	20 = 500 = 15 = 15	ther/Source:		2000	Liverine Wages			
	. Indicate elevation dat			A 10-4010-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	NAVD 19		Other/Source:			
B12	Designation Date:		rrier Resources System (□ OPA	r Otherwise	Prote	cted Area (OPA)? [Yes [2	⊠ No	
		SECTIO	N C – BUILDING ELE	VATION IN	FORMATIO	ON (S	URVEY REQUIRE	D)		_
C1.	Building elevations ar *A new Elevation Cer		Construction Drawing Quired when construction				nstruction*] Finished C	Construction	
C2.	C2.a-h below accordi	ing to the building	(with BFE), VE, V1–V30, V g diagram specified in Iter ble VRS Network	n A7. In Puei	to Rico only	, enter	r meters.	AR/AO. Coi	mplete Items	
			elevations in items a) thro					Other/Sou	urce:	
			st be the same as that u				Check the mea			
	a) Top of bottom floor	r (including baser	nent, crawlspace, or enclo	osure floor)	<u>19</u> .	70	I feet	meters		
	b) Top of the next hig	gher floor			<u>na</u> .		feet	meters	Č	
	c) Bottom of the lowe	est horizontal stru	ictural member (V Zones	only)	<u>na</u> .		feet	☐ meters	ě	
	d) Attached garage (t	100	4 8 6000 90 10 10 10	00 40	<u>na</u> .		feet	meters		
	(Describe type of e	equipment and lo	quipment servicing the bu cation in Comments)	ilding	200000000000000000000000000000000000000	5	\ \times feet	meters		
	f) Lowest adjacent (f	, 0	0 ()		<u>19</u> .		\overline{\o	meters		
	g) Highest adjacent (inaluding			⊠ feet	meters		
	structural support	rade at lowest ele	evation of deck or stairs,	ncluaing	<u>na</u> .		☐ feet	☐ meters		
		SECTI	ON D – SURVEYOR, E	NGINEER,	OR ARCH	IITEC	T CERTIFICATION	1		_
nform	ation. I certify that the	e information on t	by a land surveyor, engine his Certificate represents punishable by fine or imp	my best effor	ts to interpr	et the	data available.		************	7
C he	eck here if comments a eck here if attachment	are provided on b	ack of form. Were la		ongitude in S	Section	A provided by a	ABERT	PROFESS PROFESS (S)	
0 110	tauta Niana								SURVEYOR THE	

Certifier's Name Paul A. Liles License Number 3174 Title Professional Surveyor Company Name Machado Patano Address 1641 Popps Ferry Road, Suite A-4 City Biloxi ZIP Code 39532 State MS Date 11/06/2015 Telephone (228) 388-1950 Signature



FEMA Form 086-0-33 (Revised 7/12)

LLLVATION OLIVINIOAIL, P	age z			
IMPORTANT: In these spaces, co	py the corresponding information from Sec	tion A.		FOR INSURANCE COMPANY USE
	Apt., Unit, Suite, and/or Bldg. No.) or P.O. R	oute and Box No.		Policy Number:
302 Herlihy Street				
City Waveland	State MS	ZIP Code 39576		Company NAIC Number:
SECT	TION D – SURVEYOR, ENGINEER, OR	ARCHITECT CE	RTIFICATION (CO	ONTINUED)
Copy both sides of this Elevation	Certificate for (1) community official, (2) insu	urance agent/comp	any, and (3) building	owner.
Comments C2a = slab elevatio	n. C2e= proposed air conditioner pad.	C2f and g= exist	ting grades	
Signature Harl a. C	1	Date 11/06/2	2015	
SECTION E - BUILDING	ELEVATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), For Items E1–E4, use natural grad-	complete Items E1–E5. If the Certificate is e, if available. Check the measurement use	intended to suppor	rt a LOMA or LOMR-F	request, complete Sections A, B, and
	or the following and check the appropriate t		NOTE IN CONTRACTOR OF STREET	above or below the highest adjacent
	g basement, crawlspace, or enclosure) is		☐ feet ☐ mete	rs above or below the HAG.
b) Top of bottom floor (includin	g basement, crawlspace, or enclosure) is		☐ feet ☐ mete	
E2. For Building Diagrams 6-9 with	n permanent flood openings provided in Sec	tion A Items 8 and,	or 9 (see pages 8-	9 of Instructions),
	C2.b in the diagrams) of the building is		☐ feet ☐ mete	900 years
E3. Attached garage (top of slab) is	s		☐ feet ☐ mete	rs above or below the HAG.
E4. Top of platform of machinery a	nd/or equipment servicing the building is		☐ feet ☐ meter	rs above or below the HAG.
	n number is available, is the top of the botto Unknown. The local official must certify t			community's floodplain management
SECT	ION F – PROPERTY OWNER (OR OW	NER'S REPRES	ENTATIVE) CERT	IFICATION
	horized representative who completes Sections A. B. and F. are served to			MA-issued or community-issued BFE) (
Property Owner or Owner's Authoriz	ements in Sections A, B, and E are correct to zed Representative's Name	the best of my kn	lowledge.	
Address		City	Sta	te ZIP Code
Signature		Date	Tele	ephone
Comments				
				Check here if attachments.
	CECTION O COMMUNITY	LINEODRATION	(ODTIONAL)	
The local official who is authorized by	SECTION G – COMMUNITY by law or ordinance to administer the community			can complete Sections A. B. C. (or F.) an
	plete the applicable item(s) and sign below. C			
G1. The information in Section	n C was taken from other documentation the	hat has been signe	ed and sealed by a li	censed surveyor, engineer, or architec
	to certify elevation information. (Indicate the Deted Section E for a building located in Zor			
	(Items G4–G10) is provided for community	Mark Cochine (#0000 Survey / Approximations (- 300) V Append		ity-issued bit Ly of Zone Ao.
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate Of C	Compliance/Occupancy Issued
G7. This permit has been issued	for: New Construction Substan	tial Improvement		
G8. Elevation of as-built lowest flo	oor (including basement) of the building:		☐ feet ☐ meter	s Datum
G9. BFE or (in Zone AO) depth of t	flooding at the building site:		☐ feet ☐ meter	s Datum
G10.Community's design flood ele	vation: _		☐ feet ☐ meter	s Datum
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments				
8				
				Check here if attachments.

Replaces all previous editions.

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

						FOR INSURANCE COMPANY USE					
A1. Building Owner's Name The Housing Author	ity of the C	ity of Wavelar	nd		Policy Number:						
A2. Building Street Address (including Apt., Unit, Suite 500 Camille Court, Building No.2	e, and/or Bldg	. No.) or P.O. Rout	e and Box N	lo.	**************************************						
^{City} Waveland		Sta	te MS		ZIP Code 3957	76					
A3. Property Description (Lot and Block Numbers, Tax Part of Tax Parcel #162H-0-03-018.00	Parcel Number	er, Legal Descripti	on, etc.)	25							
A4. Building Use (e.g., Residential, Non-Residential, A			ential								
A6. Attach at least 2 photographs of the building if the		being used to ob	tain flood ir	— Horizontal I nsurance.	Datum: LNA	0 1927 ⋉ NAD 1983					
	NO E-10 ME 1 ME										
a) Square footage of crawlspace or enclosure(s):	na	sq ft		Become Anna Anna Anna Anna Anna Anna Anna Ann	9	na sa fi					
or enclosure(s) within 1.0 foot above adjacent	grade na		b) Ni	umber of permanen	t flood opening	s in the attached garage					
		sq in									
						es 🛛 No					
	LOOD INSU			M) INFORMATIO		20.00					
City of Waveland 285262		Hancock									
B4. Map/Panel Number B5. Suffix B6. FIRM I	ndex Date			B8. Flood Zone(s	B9. Base F	lood Elevation(s) (Zone					
				AE	1,10, 0,00	18					
			tered in Iter	m B9:							
B11. Indicate elevation datum used for BFE in Item B9:			/D 1988	☐ Other/Source:	(h						
	ces System (C	BRS) area or Oth	erwise Prote			No					
Designation Date://]CBRS [□ OPA									
SECTION C – BUI	LDING ELEV	ATION INFORM	ATION (S	SURVEY REQUIR	RED)						
*A new Elevation Certificate will be required when	construction o	f the building is o	omplete.								
C2.a-n below according to the building diagram sp	ecified in Item	A7. In Puerto Ric	o only, ente	r meters.	H, AR/AO. Comp	lete Items					
Indicate elevation datum used for the elevations in	items a) thro	ugh h) below.			☐ Other/Source	e:					
				Check the me	easurement use	d.					
	pace, or enclos	sure floor)		Seet	meters						
	per (V Zones o	nlv)	Manney								
d) Attached garage (top of slab)			na .								
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Cor 	vicing the buil nments)	ding	<u>19</u> . <u>5</u>	I feet	☐ meters						
		(<u>17</u> . <u>3</u>	Keet	☐ meters						
	0	- AF - 18 - 2		I feet	meters						
structural support	ck or stairs, ir	icluding	<u> 11a</u>	L feet	∐ meters						
Agricolar Agency (including Age, Lint), Suite, and/or Bilgs, No.) or NO. Route and Box No.											
This certification is to be signed and sealed by a land sur information. I certify that the information on this Certificate	veyor, enginee e represents m	r, or architect aut	horized by la	aw to certify elevation		.22584664					
Check here if comments are provided on back of form.	Were lat	itude and longitud	de in Section	n A provided by a	. 25888	DUL A. LILL					
Certifier's Name	licensed	ianu surveyor?				SURVEYOR OF					
Paul A. Liles Title				mbet		Tralzar					
Professional Surveyor					S CYTE	PS-3174					
Address 1641 Popps Ferry Road, Suite A-4			State MS	ZIP Code 39532		Service Contract					

Signature

Telephone (228) 388-1950

Date 07/09/2015 PARAMANANANA

ELEVATION OF THE TOATE, page	, L				
	he corresponding information from Sectio			FOR INSURANCE	CE COMPANY USE
Building Street Address (including Apt 500 Camille Court, Building N	., Unit, Suite, and/or Bldg. No.) or P.O. Rou No.2	te and Box No.		Policy Number:	
City Waveland	State MS	ZIP Code 39576		Company NAIC N	lumber:
SECTION	N D - SURVEYOR, ENGINEER, OR A	RCHITECT CE	RTIFICATION (CONTINUED)	
	ificate for (1) community official, (2) insura	nce agent/comp	any, and (3) buildi	ng owner.	
Comments C2e= proposed air cor	iditioner pad				
C2f and g= existing gra					
Signature Faul a. (7	Date 07/09/2	015		
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY N	OT REQUIRED) FOR ZONE A	O AND ZONE A	(WITHOUT BFE)
For Zones AO and A (without BFE), con For Items E1–E4, use natural grade, if	nplete Items E1–E5. If the Certificate is int available. Check the measurement used. I	ended to suppor In Puerto Rico or	t a LOMA or LOMF lly, enter meters.	R-F request, comp	ete Sections A, B,and C.
E1. Provide elevation information for the grade (HAG) and the lowest adjace	ne following and check the appropriate boxent grade (LAG).	es to show whet	her the elevation i	s above or below	the highest adjacent
	The Artist of Artist and Artist a		☐ feet ☐ me		r 🔲 below the HAG.
	and the second s		☐ feet ☐ me		r Delow the LAG.
	rmanent flood openings provided in Section			The second second	
E3. Attached garage (top of slab) is	b in the diagrams) of the building is		☐ feet ☐ me		r □ below the HAG. r □ below the HAG.
	or equipment servicing the building is		☐ feet ☐ me		below the HAG.
	mber is available, is the top of the bottom				
ordinance? ☐ Yes ☐ No ☐ L	Jnknown. The local official must certify this	s information in S	Section G.	110 0011111a111ty 0 111	ocapiani management
SECTION	F - PROPERTY OWNER (OR OWNE	ER'S REPRES	ENTATIVE) CER	TIFICATION	
Zone AO must sign here. The statemen	red representative who completes Sections hats in Sections A, B, and E are correct to the	s A, B, and E for a ne best of my kno	Zone A (without a owledge.	FEMA-issued or co	ommunity-issued BFE) or
Property Owner or Owner's Authorized	Representative's Name				
Address		City	S	tate ZIP	Code
Signature		Date	Te	elephone	
Comments					
				Che	ck here if attachments.
	SECTION G – COMMUNITY IN	FORMATION	(OPTIONAL)		
The local official who is authorized by la G of this Elevation Certificate. Complete	w or ordinance to administer the community the applicable item(s) and sign below. Che	's floodplain man	agement ordinanc	e can complete Se G8-G10. In Puerto	ections A, B, C (or E), and o Rico only, enter meters.
G1. The information in Section C	was taken from other documentation that ertify elevation information. (Indicate the s	has been signe	d and sealed by a	licensed surveyo	r, engineer, or architect
	d Section E for a building located in Zone A				
	ms G4–G10) is provided for community flo			, , , , , , , , , , , , , , , , , , , ,	
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate O	f Compliance/Occ	upancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial	Improvement			
G8. Elevation of as-built lowest floor (i			feet met		***************************************
G9. BFE or (in Zone AO) depth of flood			feet met		
G10.Community's design flood elevation	in:		☐ feet ☐ mete	ers Datum	
Local Official's Name		Title			
Community Name		Telephone			
Signature		Date			
Comments					
			AND THE RESERVE OF THE PARTY OF	Che	ck here if attachments.